

313-16
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APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR		1. Department Address Ga. Dept. of Human Resources/ Div. of Mental Health & Mental Retardation/ Alcohol & Drug Abuse Services Section 618 Ponce de Leon Ave., N.E. Atlanta, Ga. 30306		ARCHIVES AND HISTORY	
Application Date October 27, 1978				Application Number 73-433-A	
Application Number DHR-97				Date Received OCT 30 1978	Date Completed DEC 6 1978
2. Person to Contact Ms. Mable Cain		Working Title Metro Support Service Coordinator		Telephone Number 894-5044	
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. 73-433 Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void <div style="text-align: right; font-size: 1.2em;">Division-wide Application</div>					
4. Dates of Series Earliest 1971		5. Records Series Title (followed by title used in office; if different) Alcohol and Drug Abuse Client/Outpatient Case Record Files			
Latest to date					
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Mental Health and Mental Retardation administers the programs for mental health, mental retardation, and other developmental disabilities; alcohol and drug abuse; and conducts training and research. This Division is also concerned with community mental health, and the administration of State mental hospitals; and rehabilitation and retardation centers State-wide. The Alcohol and Drug Abuse Services Section is responsible for providing program guidance and direction to all alcohol and drug abuse programs in the State. These services include the methadone treatment programs; the administration of treatment centers which include counseling, vocational rehabilitation services, and job placement; alcohol and drug abuse research and evaluation; and contract services to non-governmental drug centers.					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: treating alcohol and drug abuse clients/ outpatients in the alcohol and drug treatment centers. Included are: form DMH-23 (new no. 1063) [Basic Intake Form] which gives information about client such as name, address, race, birthdate, Medicaid/Medicare no., monthly income, number of family unit members, living arrangement, family role, marital status, primary disability, occupation, employment status, previous mental health care, source of referral, special client indicators; form 1066 (rev. 7-77) [Drug Abuse Supplemental Form] gives further information as to client's treatment status, medical examination, medications, prescribed, legal classification and status, prior treatment admissions, education program, skills, health insurance type, drug abuse problems; unnum- File is arranged: alphabetically by name of client; or, numerically by client number (assigned by DHR Alcohol and Drug Abuse Section.					
8. Monthly Reference Rate How often are records referred to which are: One to six months old 12-15 ; Seven to twelve months old 25-30 ; Thirteen to twenty-four months old 20-25 ; twenty-five months and older ? ; clients return for physical examinations if there is a change in treatment					
9. Annual Rate of Accumulation or Records Letter-size drawers 7-8 ; Legal-size drawers ; Shelves ; Other (Specify)					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? 4 Metro Alcohol Abuse Treatment Centers If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? selected forms - Midtown Intake Center
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | 35 _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Confidentiality of Patient Records - Federal Register 7/1/75 Sec. 408. and Ga. Health Code, Par. 88-502.10 (Code Section 34-418 (5)).

Selected information from Intake Questionnaire (Client status/services report, included in the file) and clinical system is placed on tape and sent monthly to Washington, D. C. for planning/control. The printout is also used by

12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each: [treatment centers

☐ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Midtown Intake Center and Drug Treatment Centers

[form DMH-23/or 1066] [Intake Questionnaire] and form FD 2635 [Release]

Upon determination that all records are in order at treatment center to which client referred, place all papers for that particular client in the inactive file; cut off inactive file at end of each 3 months; transfer to State Records Center; hold 34 years and 9 months [total time for holding-35 years]; then destroy.

(continued)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>John H. Magill</i>	10/26/78	<i>Elizabeth W. Crank</i> Elizabeth W. Crank, CRM	10/3/78
State Records Committee (Signature) _____ Date _____			
State Auditor/Designee		12-5-78	
Secretary of State/Designee		12-4-78	
Attorney General/Designee		12-5-78	

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)

Application for Records Retention Schedule

Alcohol and Drug Abuse Client/Outpatient Case Records Files

Continuation page

3.

7. bered form [Intake Questionnaire] shows information for client identification, person to contact in case of emergency, whether or not client received intake medical examination, whether or medications were prescribed (if yes, what), whether or not admitted, and clinic to which referred, and legal and marital status of client; DHEW form FD 2635 (12/72) [Consent to Methadone Treatment]; unnumbered form [Release] shows client's consent to release information (as specified by client) in the client's file; Chart Check List for Intake; DMH/DAS-30 [Medical Notes]; DMH/DAS-8 [new no. 1108] [Interval Physical Exam] a follow-up physical exam for vital signs, skin, neck, chest, cardiovascular, abdomen, genitalia, joints and bones, neurologic, lab review, clinical impressions; recommendations; and treatment. DMH/DAS-28 [new no. 1128] [Complete Problem List]; 1106 (7-77) [Referral or Consultation] for referring client for specialized examination or consultation -- the form shows diagnosis, recommendation, medication, date and signature; DMS/DAS-31 [new no. 1131] [Psychiatric notes]; DMH/DAS-27 [new no. 1127] [Laboratory Reports]; DMH/DAS-29 [new no. 1129] [Medical Examination Report]; DMH/DAS-33 [new no. 1133] [Drug Screening Record]; DMH/DAS-32 [new no. 1132] [Contact Record]; DMH/DAS-24 [new no. 1124] [Client Reactivation]; DMH/DAS-26 [new no. 1126] [Treatment Summary]; DMH/DAS-9 [new no. 1109] [Counselor Notes]; and DMH/DAS-7 [new no. 1107] [Urine Reports].

12. Midtown Intake Center and Drug Treatment Centers

Active Records - Beginning January 1, 1978, and each 5 years thereafter, begin new five-year division of records; hold preceding charts in current files area 5 years; transfer to State Records Center; hold 30 years; then destroy.

Inactive Records - When individual dies, or upon determination that client is no longer in the Alcohol or Drug Abuse Treatment Program, place all papers for that particular client in the inactive file; cut off inactive file at end of each calendar year; hold in current files area 2 years; transfer to State Records Center; hold 33 years; then destroy.

Printout - (received weekly [updated information for the system]) Cut off file monthly; hold in current files area 12 months; then destroy.

STATE
OF
GEORGIAApplication for
RECORDS DISPOSITION STANDARDOFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISIONPAGE
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1. Application Date 5-15-73		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received Application No. Date Completed JUN 22 1973 73-433 JUN 28 1973	
2. Agency Application No. DHR-DASS-2		3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Division of Mental Health Drug Abuse Service Section 615 W. Peachtree Street Suite 901 Atlanta, Georgia 30334		4. Person to Contact Mr. Robert Cleveland	
				5. Working Title Deputy Director	
				6. Tel. No. 656-1768	
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.					
8. Earliest & Latest Dates of Series 1971-present		9. Exact Series Title Drug Abuse Client Medical Record File			
10. What is the function of the office in which this record series is created? The Drug Abuse Service Section, under the control of the Director, is responsible for the administration and supervision of the Mental Health Programs for the control of Drug Abuse for the State of Georgia. Included are (1) the Methadone Treatment Programs, (2) the administration of treatment centers which include counseling, VR Services and job placement, (3) drug research and evaluation, (4) drug information center, and (5) contract services to non-governmental drug centers.					
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement). Documents relating to the screening, counseling, and treatment of drug abuse clients. This includes, but is not limited to, demographic, social and medical history, present status and treatment plans. File is arranged alphabetically by client name.					
ATTACH SAMPLES OF THE FILE					
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	
Letter-size File Drawers				40 60	
Legal-size File Drawers				Floor Space Occupied (Square Feet)	
* State Wide		100	150	This Year's Last Year's Preceding Year's All Prior Years	
				AVERAGE DAILY REFERENCES Program is only 2 yrs. old 10 3 -- --	

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain.

- | | | YES | NO |
|--|-------------------------------------|-----|-----|
| 13. Is this the Record Copy of the series? | <input checked="" type="checkbox"/> | [X] | [] |
| 14. Is there a duplication of this series in another office or agency?
Working copy is in clinic | <input checked="" type="checkbox"/> | [X] | [] |
| 15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. | [] | [] | [X] |
| 16. Does the series contain classified information requiring security handling?
Federal Register, Vol. 37 No. 223 Prt. III | <input checked="" type="checkbox"/> | [X] | [] |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | [] | [] | [X] |
| 18. Could the function be performed if the files were lost or destroyed?
Yes, but with legal complications | <input checked="" type="checkbox"/> | [X] | [] |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why? | [] | [] | [X] |
| 20. Does the record series provide data as input to an EDP file? | [] | [] | [X] |
| 21. Does the record series contain documentation produced as EDP printout? | [] | [] | [X] |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? | <input checked="" type="checkbox"/> | [X] | [] |
| Federal Register Vol. 37, No. 223 Part III | | | |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? | <input checked="" type="checkbox"/> | [X] | [] |

Legal Medical Reasons

 24. REQUIREMENTS. The following requires the files to be kept 35 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☒ FEDERAL LAW e. ☐ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
 (Cite Law, Statute, or other reason for the retention requirement)

Mr. Robert Cleveland, Deputy Director

 25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☒ CALENDAR YEAR - ☐ FISCAL YEAR - ☐ OTHER _____, then:

- ☒ Hold in the current files area _____ month(s)/ 2 year(s):
☒ Transfer to ☒ State Records Center ☐ Local Holding Area; hold 33 year(s):
☒ Destroy. By shredding if possible
☐ Transfer to State Archives for permanent retention.
☐ Destroy immediately after cut-off.
☐ Other: (Specify) _____

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>Paul M. Harn</i>		<i>Robert B. Smith</i>	6/14/73
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Ayer</i>	6-26-73
STATE RECORDS COMMITTEE	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll Hart</i>	6-22-73
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>John R. Huel</i>	6-26-73
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		

Georgia Department of Human Resources



RECOMMENDATION FOR DRUG ABUSE FILING SYSTEM ON MEDICAL RECORDS

- I. Retention period to be established is 35 years in accordance with the requirements of the Division of Mental Health.
- II. Establishment of a Central Filing Area located at the intake facility to be responsible for all Medical Records.
 - A. Full time person in charge of Medical Records. [This does not have to be a new position. It may be gained by a shifting of personnel.] This person should have full responsibility for maintenance and distribution of client records.
 - B. Xerox copy of intake procedure to be kept at Central Files [intake center]. Working copy of record is to be at the treatment center.
 - C. Records are to be maintained at treatment center for 6 months after client becomes inactive. Then transferred to the intake center. Records kept at central files for duration of 2 years retention period on local level.
 - D. Records transferred to State Records Center for 33 years. Records are then destroyed by shredding.
 - E. Medical Records to be standardized as to format and content. File folder is to be 20 point Kraft with 1 divider and 1 3/4 inch expandable gasset.
- III. Establishment of a person responsible for keeping records at treatment center. Receptionist or person holding similar function is recommended.
 - A. Person has full accountability of all records checked out.
 - B. All records to be filed
 - C. All files to be checked out by check out system.
 - D. Files to be kept in locked cabinet.
- IV. Consultation with Ms. Barbara Dempster, Medical Record Administrator, to assist in design of Medical Record system for DASS.
- V. Equipment: Replace all present equipment with lateral files throughout intake and treatment centers.

Justification:

 - A. present system is totally inadequate - no accountability
 - B. N.I.M.H. criticized present system - no accountability
 - C. proposed system more efficient, takes less space, provides greater accountability and security
 - D. greater versatility and flexibility of system